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## Quality of Living

### ► Subjective Indicators of Well-Being

## Quality of Marriage and Social Loneliness in Later Life

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### Definition

Loneliness is the subjective, unpleasant experience of a perceived discrepancy between the quantity and quality of existing relationships (e.g., with spouse, children, friends) and the relationships one wishes (De Jong Gierveld, Van Tilburg, & Dykstra, 2006; Perlman & Peplau, 1981). Loneliness has to be differentiated from social isolation that concerns the objective characteristics of a situation. The opposite of loneliness encompasses social integration and feelings of social embedment. A varied social network and optimal exchanges of support with members of one's social network are crucial elements affecting social embedment and alleviating loneliness, and consequently quality of life and life expectancy (Hawkey, Hughes, Waite, Masi, Thisted, & Cacioppo, 2008; Holt-Lunstad, Smith, & Layton, 2010; Pinquart & Sörensen, 2001).

### Description

A varied social network and an optimal exchange of instrumental and emotional support are key factors in preventing and alleviating loneliness. Loneliness is not assumed to be the direct result of a lack of personal relationships and a shortage of social support, but results from a perceived discrepancy regarding the quality and quantity of existing relationships (Dykstra & Fokkema, 2007). Several components of loneliness can be distinguished. Weiss (1973) differentiates between emotional loneliness that relates to the absence of an intimate figure (spouse) and social loneliness that relates to the absence of a broader engaging social network (friends, colleagues, neighbors). Accordingly, married men and women are less prone to emotional loneliness as compared to those without a partner or living alone (Waite & Lehrer, 2003). In this context, it is hypothesized (Weiss, 1973) that emotional loneliness (e.g., of widowed people) can only be resolved by starting a (new) partner relationship. To alleviate social loneliness, one needs more or a higher quality of contacts with friends and others. Recent research has shown that this proposition needs further nuancing.

Most interesting is to explain why married people, usually emotionally and socially better off compared to the non-married, may also report loneliness. About one in six older married men and women are moderate or more strongly emotionally lonely. Even one out of four older men report moderate or strong social loneliness, a relatively large proportion compared to the one out of five older women that exhibit social loneliness (De Jong Gierveld, Broese van Groenou, Hoogendoorn, & Smit, 2009). Theoretically, following Weiss (1973), poor marital quality should explain why married people report emotional loneliness, whereas a perceived lack of social relationships *outside* marriage should explain why married people report social loneliness. Because older couples are at risk for disability of either one or both of the spouses, and because health is known to impact the broad context of social relationships, as well as the marital relationship

(e.g., Booth & Johnson, 1994) and individual well-being (e.g., Jylhä, 2004 and Dykstra, Van Tilburg, & De Jong Gierveld, 2005), disentangling the impact of own and spousal health on social loneliness is required. In order to shed more light on how social loneliness is intertwined with marital quality in late life, we summarize the results of two studies on married older adults, using data from the Longitudinal Aging Study Amsterdam (LASA, Huisman et al., 2011). The first study focused on the relative impact of marital quality and social network characteristics on social loneliness in married older adults (De Jong Gierveld et al., 2009). The second study focused on how own and spousal health impairment affected social loneliness in married older adults (Korporaal, Broese van Groenou, & Van Tilburg, 2008).

### Measurement

In both studies, the De Jong Gierveld 11-item loneliness scale was used to measure loneliness. The scale consists of six items measuring emotional loneliness and five items measuring social loneliness; the final loneliness score ranges from 0, not lonely, to 11, extremely lonely. A shortened scale of six items, encompassing three emotional and three social loneliness items, is tested and available also (De Jong Gierveld & Van Tilburg, 1999, 2006, 2010).

### Research Outcomes

In De Jong Gierveld et al. (2009), demographic variables, social network characteristics, as well as marital quality indicators were used to explain older married adults' social loneliness. More specifically, the following variables were used: sex, age, being in first or second marriage, health of respondent, health and functional limitations of the spouse, social network size, and the functioning of the network – that is, emotional and instrumental support given to and received from network members, the number of children and the frequency of contacts with children, and instrumental and emotional support exchanged with the spouse. Additionally, several domain-specific indicators of the marital quality were incorporated, such as the degree of agreement

with the spouse in several aspects of daily life, the frequency of conversations with the spouse that are evaluated as good, the functioning of the spouse as first confidant, and the evaluation of one's current sexual life with the spouse as either very pleasant, pleasant, or not applicable (see also Christopher & Sprecher, 2000; Hatch & Bulcroft, 2004). Hierarchical multivariate regression analyses showed that *both* marital quality and social network features had power of explaining social loneliness. In particular, having few good conversations with one's spouse, a lack of spousal support, and stating that current sex life was "not applicable" were indicators of lower marital quality affecting social loneliness. In addition, having no children or no contact with children, little support from one's network, as well as a poor spousal health increased social loneliness. Moreover, men reported more intense social loneliness than women, and this gender difference remained after indicators of marital quality and social integration were taken into account.

The second study (Korporaal et al., 2008) included functional limitations as the measure of health, social network features – size and provision of emotional and instrumental support to network members – and the provision of emotional and instrumental support exchanged with the spouse. For men, spousal disability directly increased the level of social loneliness, but for women, one's own level of disability impacted social loneliness to a larger degree than the spousal level of disability. Social network features affected social loneliness as expected, but the exchange of support in the marital relationship did not add to being socially lonely.

### Discussion

Although marriage has shown to be supportive in preventing emotional loneliness in older age, the simple distinction between married and single adults needs qualification. There is considerable social loneliness in married older adults, with men in the highest risk category. Men report higher levels of social loneliness than women, even after taking marital quality, spousal health, and social integration into account. Older married

men do rely to a large degree on their spouse, generally the “keeper” of their social life, and with their wife falling ill, they may lose this connection to social life. Still, unexplained gender differences in social loneliness suggest that older men may value their marriage and social life higher than women, who may also rely on ties with close kin and friends. Including personal values and wishes regarding social relationships and marital quality in future studies will increase our understanding of the gender differences in social embedment and loneliness in later life.

Not surprisingly, indicators of social integration, that is, a smaller network size, a less than satisfying number of children with whom there is weekly contact, and exchanging little support with network members, are significantly associated with social loneliness. The childless and those who have children but see none of them on a weekly basis are more socially lonely than those who have weekly contacts with two or more children. Less contact with children is interpreted as a sign of disinterest and lack of concern for one’s old parents (Buber & Engelhardt, 2008).

In contrast to the ideas of Weiss (1973), variables of the marital quality and functioning are significantly associated with social loneliness. Several of the domain-specific indicators are important in this respect (Hollist & Miller, 2005), especially a dissatisfactory degree of emotional support received from the spouse, a low frequency of good conversations, and the evaluation of one’s current sexual life with the spouse as “not applicable.” A possible explanation might be that the optimal social functioning of older married adults is fostered by their ability to act together in building and maintaining a broader social network. After retirement, older couples are in an optimal position to maintain contacts with children, grandchildren, siblings, and old friends. A good functioning and positively evaluated marriage bond serves as a solid basis for organizing a couple’s social contacts with members of kin and non-kin networks. In this context, the positive evaluation of one current sexual life with one’s spouse is relevant as well. The evaluation of one’s sexual life as pleasant can be

viewed as radiating vitality and *joie de vivre*, resulting in a solid basis of attachment, a prerequisite for preventing and alleviating social loneliness. Long-lasting health problems of either or both spouses may seriously hamper their conversation pattern, their sexual relationship, and the couple’s ability to engage in social activities, eventually contributing to a higher social loneliness level among married persons.

## Cross-References

- Functional Limitations
- Social Well-being

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## Quality of Place

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## Synonyms

Environmental quality; Livability; Urban quality

## Definition

Quality of place has been defined “as the physical characteristics of a community, the way it is planned, designed, developed and maintained that affect the quality of life of people living and working in it and those visiting it both now and in the future” (HM Government, Communities and Local Government, 2009). The focus in this definition on the physical attributes of “quality of place” however does not fully account for the intangible qualities that contribute to the “essence” of place, such as vibrancy, authenticity, and distinctiveness, that are experienced by the users of that place and to which users themselves contribute.

## Description

The concept “quality of place” is based around the idea that the places where people live and work affect their ► quality of life. Improving the quality of place through ► urban design and planning is argued to bring about environmental, social, and economic benefits, raising the quality of life for citizens and alleviating the problems arising from neighborhood degradation, socio-economic deprivation, inequalities in health and well-being, and poor accessibility to transport and services. This understanding has formed the basis of increasing policy focus in recent years and has resulted in substantial resources being channeled toward the making and shaping of high-profile urban places through the process of place-making and area-based regeneration

## Quality of Measures

► Reliability Generalization